

DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

100 Rory Joseph

Donnelly

Inventor's Signature

Date

16 November 04

Residence: City

State

Country

Citizenship

Surrey

GBX

Great Britain

Great Britain

Great Britain

Mailing Address

Dunrobin, Manor Park, The Avenue, Whyteleafe

City

Surrey

State

Great Britain

Zip

CR3 0AQ

Country

Great Britain

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

200 Paula Jane

Donnelly

Inventor's Signature

Date

16 November 04

Residence: City

State

Country

Citizenship

Surrey

GBX

Great Britain

Great Britain

Great Britain

Mailing Address

Dunrobin, Manor Park, The Avenue, Whyteleafe

City

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Great Britain

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CR3 0AQ

Country

Great Britain



Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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| | | | |
|--|--|------------------------|-----------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | GRW-0001 |
| | | First Named Inventor | Donnelly, Rory Joseph |
| | | COMPLETE IF KNOWN | |
| | | Application Number | |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | | Filing Date | |
| | | Art Unit | |
| | | Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SELECTIVE OUTGOING CALL BARRING

(Title of the Invention)

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

05/29/2003

as United States Application Number or PCT International

Application Number PCT/GB03/02351 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| PCT/GB03/02351 | PCT | 05/29/2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0212833.8 | GB | 06/01/2002 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0221934.3 | GB | 09/20/2002 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0300289.6 | GB | 01/07/2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | | |
|---|------------------------|---------------------------------|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | |
| | Filing Date | |
| | First Named Inventor | Donnelly, Rory Joseph |
| | Title | Selective Outgoing Call Barring |
| | Art Unit | |
| | Examiner Name | |
| | Attorney/Dealer Number | GRW-0001 |

I hereby revoke all previous powers of attorney given in the above-identified application

I hereby appoint:

☒ Practitioner associated with the Customer Number.

OR

☐ Practitioner(s) named below.



| Name | Registration Number |
|------|---------------------|
| | |
| | |
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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|-----------------------------|-----------|-----------|
| Signature | <i>Rory Joseph Donnelly</i> | Date | 25 NOV 04 |
| Name | Rory Joseph Donnelly | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to establish or retain a priority by the public which is in the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 123 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | |
|------------------------|---------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Donnelly, Rory Joseph |
| Title | Selective Outgoing Call Barring |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | GRU-0001 |

I hereby revoke all previous powers of attorney given in the above identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number:

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/04)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|----------------------------|-----------|-----------|
| Signature | <i>Paula Jane Donnelly</i> | Date | 25 NOV 04 |
| Name | | Telephone | |
| Title and Company | Paula Jane Donnelly | | |

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